

P98000095371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

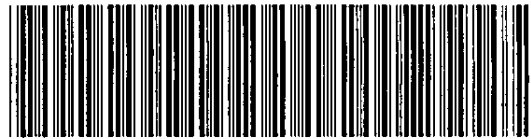
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200106133602

08/20/07--01024--011 **35.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 AUG 20 AM 11:47
TALLAHASSEE, FLORIDA
TO ACKNOWLEDGE
SUFFICIENCY OF FILING
APPROVED
AND
FILED
07 AUG 20 PM 1:59
SECRETARY OF STATE

R.A. Change
C. Coulter AUG 20 2007

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Cost Management Partners

Signature

Requested by

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
✓ ____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Cost Management Partners, Inc.
2. The principal office address: 4211 W Boy Scout Blvd, Suite 750, Tampa, FL 33607
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/12/98 Document number: P98000095371
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Capital Connection, Inc. (resigned effective 07/24/07)
417 E Virginia Street, Suite 1
Tallahassee, FL 32301

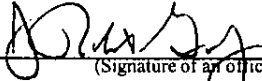
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Capital Connection, Inc.
417 E Virginia Street, Suite 1
(P.O. Box NOT acceptable)
Tallahassee, FL 32301

APPROVE
AND
FILED
07 AUG 20 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

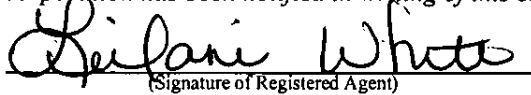
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

J. Robert Grady, VP Finance
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

8/20/07
(Date)

If signing on behalf of an entity:

Leilani White
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***